**DIRECTION DÉPARTEMENTALE DES SERVICES DE L'ÉDUCATION NATIONALE DES HAUTS-DE-SEINE**

**DIVISION DU 1er DEGRÉ**

*Annexe 1a*

*206 603 092 0140…..*

**Récapitulatif des services de remplacement du mois de Septembre 2024**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ANNÉE SCOLAIRE 2024/2025** |  |  |
| **Nom de l'enseignant remplaçant :** | **École de rattachement :** |  |  |
| **Prénom :** |  |  |  |
| **Circonscription :** | **activité n'ouvrant pas droit aux ISSR mais ouvrant droit à la prime REP ou REP+ :** | **OUI** | **NON** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **École de remplacement** | **Localité** | **REP ou REP+** | **Nom et Prénom du professeur remplacé** | **Motif de l'absence** | **Code taux** |
| Lundi | 2 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 3 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 4 | A.M. |  |  |  |  |  |  |
| Jeudi | 5 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 6 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 9 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 10 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 11 | A.M. |  |  |  |  |  |  |
| Jeudi | 12 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 13 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 16 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 17 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 18 | A.M. |  |  |  |  |  |  |
| Jeudi | 19 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 20 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 23 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 24 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 25 | A.M. |  |  |  |  |  |  |
| Jeudi | 26 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 27 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 30 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |

*J'atteste que la circonscription est dans l'impossibilité de saisir ce remplacement sur ARIA pour la raison suivante*

*(motif obligatoire) : ………………………………………………………………………………………………………………………………………………*

*………………………………………………………………………………………………………………………………………………………………………………*

À Nanterre, Le ……/……/…………

Pour le DASEN des Hauts de Seine

et par délégation,

le secrétaire général

Antoine CUISSET

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| Certifié exact le ……………………….. |
| L'IEN |
| *(cachet et signature)* |

**DIRECTION DÉPARTEMENTALE DES SERVICES DE L'ÉDUCATION NATIONALE DES HAUTS-DE-SEINE**

**DIVISION DU 1er DEGRÉ**

*Annexe 1b*

*206 603 092 0140…..*

**Récapitulatif des services de remplacement du mois d'Octobre 2024**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ANNÉE SCOLAIRE 2024/2025** |  |  |
| **Nom de l'enseignant remplaçant :** | **École de rattachement :** |  |  |
| **Prénom :** |  |  |  |
| **Circonscription :** | **activité n'ouvrant pas droit aux ISSR mais ouvrant droit à la prime REP ou REP+ :** | **OUI** | **NON** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **École de remplacement** | **Localité** | **REP ou REP+** | **Nom et Prénom du professeur remplacé** | **Motif de l'absence** | **Code taux** |
| Mardi | 1 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 2 | A.M. |  |  |  |  |  |  |
| Jeudi | 3 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 4 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 7 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 8 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 9 | A.M. |  |  |  |  |  |  |
| Jeudi | 10 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 11 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 14 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 15 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 16 | A.M. |  |  |  |  |  |  |
| Jeudi | 17 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 18 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 21 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 22 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 23 | A.M. |  |  |  |  |  |  |
| Jeudi | 24 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 25 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 28 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 29 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 30 | A.M. |  |  |  |  |  |  |
| Jeudi | 31 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |

*J'atteste que la circonscription est dans l'impossibilité de saisir ce remplacement sur ARIA pour la raison suivante*

*(motif obligatoire) : ………………………………………………………………………………………………………………………………………………*

*………………………………………………………………………………………………………………………………………………………………………………*

À Nanterre, Le ……/……/…………

Pour le DASEN des Hauts de Seine

et par délégation,

le secrétaire général

Antoine CUISSET

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| Certifié exact le ……………………….. |
| L'IEN |
| *(cachet et signature)* |

**DIRECTION DÉPARTEMENTALE DES SERVICES DE L'ÉDUCATION NATIONALE DES HAUTS-DE-SEINE**

**DIVISION DU 1er DEGRÉ**

*Annexe 1c*

*206 603 092 0140…..*

**Récapitulatif des services de remplacement du mois de Novembre 2024**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ANNÉE SCOLAIRE 2024/2025** |  |  |
| **Nom de l'enseignant remplaçant :** | **École de rattachement :** |  |  |
| **Prénom :** |  |  |  |
| **Circonscription :** | **activité n'ouvrant pas droit aux ISSR mais ouvrant droit à la prime REP ou REP+ :** | **OUI** | **NON** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **École de remplacement** | **Localité** | **REP ou REP+** | **Nom et Prénom du professeur remplacé** | **Motif de l'absence** | **Code taux** |
| Vendredi | 1 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 4 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 5 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 6 | A.M. |  |  |  |  |  |  |
| Jeudi | 7 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 8 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 11 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 12 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 13 | A.M. |  |  |  |  |  |  |
| Jeudi | 14 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 15 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 18 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 19 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 20 | A.M. |  |  |  |  |  |  |
| Jeudi | 21 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 22 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 25 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 26 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 27 | A.M. |  |  |  |  |  |  |
| Jeudi | 28 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 29 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |

*J'atteste que la circonscription est dans l'impossibilité de saisir ce remplacement sur ARIA pour la raison suivante*

*(motif obligatoire) : ………………………………………………………………………………………………………………………………………………*

*………………………………………………………………………………………………………………………………………………………………………………*

À Nanterre, Le ……/……/…………

Pour le DASEN des Hauts de Seine

et par délégation,

le secrétaire général

Antoine CUISSET

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| Certifié exact le ……………………….. |
| L'IEN |
| *(cachet et signature)* |

**DIRECTION DÉPARTEMENTALE DES SERVICES DE L'ÉDUCATION NATIONALE DES HAUTS-DE-SEINE**

**DIVISION DU 1er DEGRÉ**

*Annexe 1d*

*206 603 092 0140…..*

**Récapitulatif des services de remplacement du mois de Décembre 2024**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ANNÉE SCOLAIRE 2024/2025** |  |  |
| **Nom de l'enseignant remplaçant :** | **École de rattachement :** |  |  |
| **Prénom :** |  |  |  |
| **Circonscription :** | **activité n'ouvrant pas droit aux ISSR mais ouvrant droit à la prime REP ou REP+ :** | **OUI** | **NON** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **École de remplacement** | **Localité** | **REP ou REP+** | **Nom et Prénom du professeur remplacé** | **Motif de l'absence** | **Code taux** |
| Lundi | 2 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 3 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 4 | A.M. |  |  |  |  |  |  |
| Jeudi | 5 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 6 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 9 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 10 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 11 | A.M. |  |  |  |  |  |  |
| Jeudi | 12 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 13 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 16 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 17 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 18 | A.M. |  |  |  |  |  |  |
| Jeudi | 19 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 20 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 23 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 24 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 25 | A.M. |  |  |  |  |  |  |
| Jeudi | 26 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 27 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 30 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 31 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |

*J'atteste que la circonscription est dans l'impossibilité de saisir ce remplacement sur ARIA pour la raison suivante*

*(motif obligatoire) : ………………………………………………………………………………………………………………………………………………*

*………………………………………………………………………………………………………………………………………………………………………………*

À Nanterre, Le ……/……/…………

Pour le DASEN des Hauts de Seine

et par délégation,

le secrétaire général

Antoine CUISSET

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| Certifié exact le ……………………….. |
| L'IEN |
| *(cachet et signature)* |

**DIRECTION DÉPARTEMENTALE DES SERVICES DE L'ÉDUCATION NATIONALE DES HAUTS-DE-SEINE**

**DIVISION DU 1er DEGRÉ**

*Annexe 1e*

*206 603 092 0140…..*

**Récapitulatif des services de remplacement du mois de Janvier 2025**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ANNÉE SCOLAIRE 2024/2025** |  |  |
| **Nom de l'enseignant remplaçant :** | **École de rattachement :** |  |  |
| **Prénom :** |  |  |  |
| **Circonscription :** | **activité n'ouvrant pas droit aux ISSR mais ouvrant droit à la prime REP ou REP+ :** | **OUI** | **NON** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **École de remplacement** | **Localité** | **REP ou REP+** | **Nom et Prénom du professeur remplacé** | **Motif de l'absence** | **Code taux** |
| Mercredi | 1 | A.M. |  |  |  |  |  |  |
| Jeudi | 2 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 3 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 6 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 7 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 8 | A.M. |  |  |  |  |  |  |
| Jeudi | 9 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 10 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 13 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 14 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 15 | A.M. |  |  |  |  |  |  |
| Jeudi | 16 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 17 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 20 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 21 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 22 | A.M. |  |  |  |  |  |  |
| Jeudi | 23 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 24 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 27 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 28 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 29 | A.M. |  |  |  |  |  |  |
| Jeudi | 30 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 31 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |

*J'atteste que la circonscription est dans l'impossibilité de saisir ce remplacement sur ARIA pour la raison suivante*

*(motif obligatoire) : ………………………………………………………………………………………………………………………………………………*

*………………………………………………………………………………………………………………………………………………………………………………*

À Nanterre, Le ……/……/…………

Pour le DASEN des Hauts de Seine

et par délégation,

le secrétaire général

Antoine CUISSET

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| Certifié exact le ……………………….. |
| L'IEN |
| *(cachet et signature)* |

**DIRECTION DÉPARTEMENTALE DES SERVICES DE L'ÉDUCATION NATIONALE DES HAUTS-DE-SEINE**

**DIVISION DU 1er DEGRÉ**

*Annexe 1f*

*206 603 092 0140…..*

**Récapitulatif des services de remplacement du mois de Février 2025**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ANNÉE SCOLAIRE 2024/2025** |  |  |
| **Nom de l'enseignant remplaçant :** | **École de rattachement :** |  |  |
| **Prénom :** |  |  |  |
| **Circonscription :** | **activité n'ouvrant pas droit aux ISSR mais ouvrant droit à la prime REP ou REP+ :** | **OUI** | **NON** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **École de remplacement** | **Localité** | **REP ou REP+** | **Nom et Prénom du professeur remplacé** | **Motif de l'absence** | **Code taux** |
| Lundi | 3 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 4 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 5 | A.M. |  |  |  |  |  |  |
| Jeudi | 6 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 7 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 10 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 11 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 12 | A.M. |  |  |  |  |  |  |
| Jeudi | 13 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 14 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 17 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 18 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 19 | A.M. |  |  |  |  |  |  |
| Jeudi | 20 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 21 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 24 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 25 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 26 | A.M. |  |  |  |  |  |  |
| Jeudi | 27 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 28 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |

*J'atteste que la circonscription est dans l'impossibilité de saisir ce remplacement sur ARIA pour la raison suivante*

*(motif obligatoire) : ………………………………………………………………………………………………………………………………………………*

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À Nanterre, Le ……/……/…………

Pour le DASEN des Hauts de Seine

et par délégation,

le secrétaire général

Antoine CUISSET

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| Certifié exact le ……………………….. |
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**DIRECTION DÉPARTEMENTALE DES SERVICES DE L'ÉDUCATION NATIONALE DES HAUTS-DE-SEINE**

**DIVISION DU 1er DEGRÉ**

*Annexe 1g*

*206 603 092 0140…..*

**Récapitulatif des services de remplacement du mois de Mars 2025**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ANNÉE SCOLAIRE 2024/2025** |  |  |
| **Nom de l'enseignant remplaçant :** | **École de rattachement :** |  |  |
| **Prénom :** |  |  |  |
| **Circonscription :** | **activité n'ouvrant pas droit aux ISSR mais ouvrant droit à la prime REP ou REP+ :** | **OUI** | **NON** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **École de remplacement** | **Localité** | **REP ou REP+** | **Nom et Prénom du professeur remplacé** | **Motif de l'absence** | **Code taux** |
| Lundi | 3 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 4 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 5 | A.M. |  |  |  |  |  |  |
| Jeudi | 6 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 7 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 10 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 11 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 12 | A.M. |  |  |  |  |  |  |
| Jeudi | 13 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 14 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 17 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 18 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 19 | A.M. |  |  |  |  |  |  |
| Jeudi | 20 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 21 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 24 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 25 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 26 | A.M. |  |  |  |  |  |  |
| Jeudi | 27 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 28 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 31 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |

*J'atteste que la circonscription est dans l'impossibilité de saisir ce remplacement sur ARIA pour la raison suivante*

*(motif obligatoire) : ………………………………………………………………………………………………………………………………………………*

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À Nanterre, Le ……/……/…………

Pour le DASEN des Hauts de Seine

et par délégation,

le secrétaire général

Antoine CUISSET

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**DIRECTION DÉPARTEMENTALE DES SERVICES DE L'ÉDUCATION NATIONALE DES HAUTS-DE-SEINE**

**DIVISION DU 1er DEGRÉ**

*Annexe 1h*

*206 603 092 0140…..*

**Récapitulatif des services de remplacement du mois d'Avril 2025**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ANNÉE SCOLAIRE 2024/2025** |  |  |
| **Nom de l'enseignant remplaçant :** | **École de rattachement :** |  |  |
| **Prénom :** |  |  |  |
| **Circonscription :** | **activité n'ouvrant pas droit aux ISSR mais ouvrant droit à la prime REP ou REP+ :** | **OUI** | **NON** |

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| --- | --- | --- | --- | --- | --- | --- |
|  | **École de remplacement** | **Localité** | **REP ou REP+** | **Nom et Prénom du professeur remplacé** | **Motif de l'absence** | **Code taux** |
| Mardi | 1 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 2 | A.M. |  |  |  |  |  |  |
| Jeudi | 3 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 4 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 7 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 8 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 9 | A.M. |  |  |  |  |  |  |
| Jeudi | 10 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 11 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 14 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 15 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 16 | A.M. |  |  |  |  |  |  |
| Jeudi | 17 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 18 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 21 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 22 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 23 | A.M. |  |  |  |  |  |  |
| Jeudi | 24 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 25 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 28 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 29 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 30 | A.M. |  |  |  |  |  |  |

*J'atteste que la circonscription est dans l'impossibilité de saisir ce remplacement sur ARIA pour la raison suivante*

*(motif obligatoire) : ………………………………………………………………………………………………………………………………………………*

*………………………………………………………………………………………………………………………………………………………………………………*

À Nanterre, Le ……/……/…………

Pour le DASEN des Hauts de Seine

et par délégation,

le secrétaire général

Antoine CUISSET

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**DIRECTION DÉPARTEMENTALE DES SERVICES DE L'ÉDUCATION NATIONALE DES HAUTS-DE-SEINE**

**DIVISION DU 1er DEGRÉ**

*Annexe 1i*

*206 603 092 0140…..*

**Récapitulatif des services de remplacement du mois de Mai 2025**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ANNÉE SCOLAIRE 2024/2025** |  |  |
| **Nom de l'enseignant remplaçant :** | **École de rattachement :** |  |  |
| **Prénom :** |  |  |  |
| **Circonscription :** | **activité n'ouvrant pas droit aux ISSR mais ouvrant droit à la prime REP ou REP+ :** | **OUI** | **NON** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **École de remplacement** | **Localité** | **REP ou REP+** | **Nom et Prénom du professeur remplacé** | **Motif de l'absence** | **Code taux** |
| Jeudi | 1 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 2 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 5 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 6 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 7 | A.M. |  |  |  |  |  |  |
| Jeudi | 8 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 9 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 12 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 13 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 14 | A.M. |  |  |  |  |  |  |
| Jeudi | 15 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 16 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 19 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 20 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 21 | A.M. |  |  |  |  |  |  |
| Jeudi | 22 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 23 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 26 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 27 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 28 | A.M. |  |  |  |  |  |  |
| Jeudi | 29 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 30 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |

*J'atteste que la circonscription est dans l'impossibilité de saisir ce remplacement sur ARIA pour la raison suivante*

*(motif obligatoire) : ………………………………………………………………………………………………………………………………………………*

*………………………………………………………………………………………………………………………………………………………………………………*

À Nanterre, Le ……/……/…………

Pour le DASEN des Hauts de Seine

et par délégation,

le secrétaire général

Antoine CUISSET

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| Certifié exact le ……………………….. |
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**DIRECTION DÉPARTEMENTALE DES SERVICES DE L'ÉDUCATION NATIONALE DES HAUTS-DE-SEINE**

**DIVISION DU 1er DEGRÉ**

*Annexe 1j*

*206 603 092 0140…..*

**Récapitulatif des services de remplacement du mois de Juin 2025**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ANNÉE SCOLAIRE 2024/2025** |  |  |
| **Nom de l'enseignant remplaçant :** | **École de rattachement :** |  |  |
| **Prénom :** |  |  |  |
| **Circonscription :** | **activité n'ouvrant pas droit aux ISSR mais ouvrant droit à la prime REP ou REP+ :** | **OUI** | **NON** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **École de remplacement** | **Localité** | **REP ou REP+** | **Nom et Prénom du professeur remplacé** | **Motif de l'absence** | **Code taux** |
| Lundi | 2 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 3 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 4 | A.M. |  |  |  |  |  |  |
| Jeudi | 5 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 6 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 9 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 10 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 11 | A.M. |  |  |  |  |  |  |
| Jeudi | 12 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 13 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 16 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 17 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 18 | A.M. |  |  |  |  |  |  |
| Jeudi | 19 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 20 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 23 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 24 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 25 | A.M. |  |  |  |  |  |  |
| Jeudi | 26 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 27 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 30 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |

*J'atteste que la circonscription est dans l'impossibilité de saisir ce remplacement sur ARIA pour la raison suivante*

*(motif obligatoire) : ………………………………………………………………………………………………………………………………………………*

*………………………………………………………………………………………………………………………………………………………………………………*

À Nanterre, Le ……/……/…………

Pour le DASEN des Hauts de Seine

et par délégation,

le secrétaire général

Antoine CUISSET

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| Certifié exact le ……………………….. |
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**DIRECTION DÉPARTEMENTALE DES SERVICES DE L'ÉDUCATION NATIONALE DES HAUTS-DE-SEINE**

**DIVISION DU 1er DEGRÉ**

*Annexe 1k*

*206 603 092 0140…..*

**Récapitulatif des services de remplacement du mois de Juillet 2025**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ANNÉE SCOLAIRE 2024/2025** |  |  |
| **Nom de l'enseignant remplaçant :** | **École de rattachement :** |  |  |
| **Prénom :** |  |  |  |
| **Circonscription :** | **activité n'ouvrant pas droit aux ISSR mais ouvrant droit à la prime REP ou REP+ :** | **OUI** | **NON** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **École de remplacement** | **Localité** | **REP ou REP+** | **Nom et Prénom du professeur remplacé** | **Motif de l'absence** | **Code taux** |
| Mardi | 1 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 2 | A.M. |  |  |  |  |  |  |
| Jeudi | 3 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 4 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 7 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 8 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 9 | A.M. |  |  |  |  |  |  |
| Jeudi | 10 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 11 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 14 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 15 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 16 | A.M. |  |  |  |  |  |  |
| Jeudi | 17 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 18 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 21 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 22 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 23 | A.M. |  |  |  |  |  |  |
| Jeudi | 24 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Vendredi | 25 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lundi | 28 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mardi | 29 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |
| Mercredi | 30 | A.M. |  |  |  |  |  |  |
| Jeudi | 31 | A.M. |  |  |  |  |  |  |
| P.M. |  |  |  |  |  |  |

*J'atteste que la circonscription est dans l'impossibilité de saisir ce remplacement sur ARIA pour la raison suivante*

*(motif obligatoire) : ………………………………………………………………………………………………………………………………………………*

*………………………………………………………………………………………………………………………………………………………………………………*

À Nanterre, Le ……/……/…………

Pour le DASEN des Hauts de Seine

et par délégation,

le secrétaire général

Antoine CUISSET

|  |
| --- |
| Certifié exact le ……………………….. |
| L'IEN |
| *(cachet et signature)* |